



TOWN OF ABINGTON

EMPLOYMENT APPLICATION

PLEASE READ BEFORE FILLING OUT THIS APPLICATION

The Town of Abington does not discriminate in hiring or employment on the basis of race, color, religious creed, national origin, handicap, veteran status, ancestry, sexual orientation, genetics, or on the basis of age. No question on this application is intended to secure information to be used for such discrimination.

To be sure that your application is properly evaluated, all questions should be answered clearly, completely and accurately. If you need more space, please attach a separate sheet. Please print and use ink.

PERSONAL

Date _____

Name _____
Last First Middle

Address _____
Number Street City State Zip

Mailing address (if different) _____
Number Street City State Zip

Telephone (_____) _____

Position(s) desired _____

Salary desired _____ Date available _____

GENERAL INFORMATION

BY WHOM OR WHAT SOURCE WERE YOU REFERRED TO US?

☐ SELF ☐ SCHOOL / COLLEGE ☐ NEWSPAPER OR OTHER PUBLICATION NAME _____ ☐ EMPLOYEE REFERRAL NAME _____ ☐ OTHER EXPLAIN _____

If employed and you are under 18, can you furnish a work permit? ☐ Yes ☐ No
Have you filed an application here before? ☐ Yes ☐ No If Yes, give date _____
Have you ever been employed here before? ☐ Yes ☐ No If Yes, give date _____
Are you employed now? ☐ Yes ☐ No May we contact your present employer? ☐ Yes ☐ No

Applicant Data Record – This information is voluntary

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, sexual orientation, genetics, marital or veteran status, medical condition, or handicap.

As employers / government contractors, we comply with government regulations and affirmative action responsibilities.

Solely to help us comply with government record keeping, reporting and other legal requirements, please fill out the Applicant Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment.

(PLEASE PRINT)

Date _____

Position(s) applied for _____

Referral source: ☐ Advertisement ☐ Friend ☐ Relative ☐ Walk-in
☐ Employment Agency ☐ Other _____

Name _____
LAST FIRST MIDDLE ()
AREA CODE

Address _____
NUMBER STREET CITY STATE ZIP CODE

Employment Experience

Start with your present or last job. Include military service assignments and volunteer activities. Exclude organizations names which indicate race, color, religion, sex, sexual orientation, genetics or national origin.

1	Employer	Dates employed		Work Performed
		From	To	
	Address			
	Job Title	Hourly Rate / Salary		
		Starting	Final	
	Supervisor			
	Reason for leaving			
2	Employer	Dates employed		Work Performed
		From	To	
	Address			
	Job Title	Hourly Rate / Salary		
		Starting	Final	
	Supervisor			
	Reason for leaving			
3	Employer	Dates employed		Work Performed
		From	To	
	Address			
	Job Title	Hourly Rate / Salary		
		Starting	Final	
	Supervisor			
	Reason for leaving			
4	Employer	Dates employed		Work Performed
		From	To	
	Address			
	Job Title	Hourly Rate / Salary		
		Starting	Final	
	Supervisor			
	Reason for leaving			

If you need additional space, please continue on a separate sheet of paper.

MAY WE CONTACT YOUR PRESENT EMPLOYER?

☐ IMMEDIATELY ☐ AFTER ACCEPTANCE OF EMPLOYMENT ☐ NO

IF NO, GIVE REASON _____

Describe other training, certifications, licenses (CDL, etc.) or experience applicable to the job you are seeking.

If applying for a clerical position, please answer the following questions.

Can you type? _____ (W.P. M. _____) Do you take shorthand? _____ (W. P. M. _____)

Education

HIGH SCHOOL		CIRCLE LAST YEAR COMPLETED
COMPLETE ADDRESS		1 2 3 4
GRADUATED <input type="checkbox"/> YES <input type="checkbox"/> NO MAJOR COURSE		
COLLEGE	MAJOR COURSE OF STUDY	CIRCLE LAST YEAR COMPLETED
COMPLETE ADDRESS		1 2 3 4
GRADUATED <input type="checkbox"/> YES <input type="checkbox"/> NO DEGREE OR CERTIFICATE RECEIVED		
OTHER SCHOOLS OR SPECIALIZED TRAINING	MAJOR COURSE OF STUDY	CIRCLE LAST YEAR COMPLETED
COMPLETE ADDRESS		1 2 3 4
GRADUATED <input type="checkbox"/> YES <input type="checkbox"/> NO DEGREE OR CERTIFICATE RECEIVED		
SCHOLASTIC HONORS, SCHOLARSHIPS, ETC.		
DO YOU INTEND TO CONTINUE YOUR EDUCATION? IF YES, GIVE DETAILS		